

FIXED ASSET ACQUISITION INPUT FORM

The Commonwealth Of Massachusetts



Department/Organization Name

Office of the Comptroller
Revised as of March 31, 1997

Document ID

TRANS

Dept

R/Org

Number

FA Date

Acctg Prd

FA

CAT Code	SW FA Number	FA Type	FA Group	FA Loc	Fund	RPTG	Dept	Org	Prog	Obj	Acq. Date	Acq. Method
Project Code		CIP Flag	Serial Number					Manufacturer				
Vendor Code			Model Number					Vendor Name				
Plat Number		Area	User Dept	Facility	Purch Auth			In Service Date				
Valuation Date		Valuation Amount		Units	Closing Costs		Useful Life	Replacement Date		Salvage Value		
Depreciation Method		Memo Asset Value		SW Asset Description				Funding Source		Total Asset Cost		
I/D Ind	Type	Equity Acct.	Asset Cost		Dept Asset Number			Department Asset Description				

Prepared By: _____

Title _____

Date _____

Approved BY: _____

Title _____

Date _____

Entered By: _____

Title _____

Date _____